



**NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES BOARD**

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COMPLAINT FORM

Your Name _____
First Middle Last

Address _____
Street & Number City State Zip Code

Telephone () _____ E-mail Address _____

Complaint Against:

Name of Licensee _____

Company _____

Address _____
Street & Number City State Zip Code

Telephone () _____

Date(s) of Alleged Violation _____

Location of Alleged Violation _____

Are there any witnesses? Yes _____ No _____ If yes, list their name(s), address(es) and telephone number(s):

Explain the nature of your complaint in detail (you may attach additional sheets):

IMPORTANT NOTE: In accordance with the North Carolina Public Records Act [N.C.G.S. 132] this form will be sent to the individual you are complaining about along with any attachments you submit with this complaint.

"I hereby certify that all statements and allegations set forth in the complaint are true and accurate to the best of my knowledge."

Signature of Complainant

Date